

Which sheet should you report an individuals information on?

Individual Supported Employment	If the individual's work situation matches the definition in the Waiver manual for Individual Supported Employment: Individual Supported employmentis defined as intermittent support, usually provided one-on-one by a job coach to an individual in a supported employment position who, during most of the time on the job site, performs independently.
Group Supported Employment	If the individual's work situation matches the definition in the Waiver manual for Group Supported Employment: Group supported employment is defined as continuous support provided by staff to eight or fewer individuals with disabilities in an enclave, work crew, entrepreneurial model or benchwork model
Sheltered Workshop	Sheltered workshops specialize in the employment of workers with disabilities and may also provide rehabilitation (DOL Definition) ; Paid work in locations owned, leased, rented or managed by the organization. The organization uses its capacity, employment and service design to help individuals achieve employment outcomes towards employment in the community. Standards include opportunities for exposure to what real work is like; offers training to improve skills towards community employment and includes compliance with all DOL regulations if holding a certificate for sub-minimum wages. (CARF Definition)

Explanation of Data items requested

Individuals (initials or identifying # only)	This should be an identifier not related to any personal health information of the individual. It should be just to delineate individuals for this survey.
DOB MM/DD/YYYY	This is the individuals date of birth. It should be entered in the two digit month/two digit day/ four digit year format. Example: 09/23/1998
Program Start Date MM/DD/YYYY	This is the date that program activities started for the job you are reporting on for this individual. Example: Assessment for ISE or Intake for workshop. It should be entered in the two digit month/two digit day/ four digit year format. Example: 09/23/1998
Program Phase (Assessment, Job Development, Placement and Training, follow along, JCTS)	Term best describes what phase of the program is the individual is currently in ASSESSMENT, JOB DEVELOPMENT, PLACEMENT and TRAINING, FOLLOW ALONG

Employment Start Date MM/DD/YYYY	This is the first day the individual earned a wage for performing the job. This is the first day of work for most people. Please do not include volunteer jobs here. Internships. It should be entered in the two digit month/two digit day/ four digit year format. Example: 09/23/1998 should be considered assessments.
Type of Job	Type of job is the person doing that they are paid for Example: a pilot, assembly, cash register operation
Wage per Hour	Wage per hour should be calculated by taking the total amount earned divided by the hours worked. Hours worked should ONLY encompass the hours that the indivuals was actually doing the job/task and not transportation to get to and from a provider to GSE. Example: Indiviaul is dropped off at the provider at 8:30 a.m., by the time the Individual arrives at the work site it is 10:00 a.m. Individual leaves the work site to go back to the provider at 2:30 and finishes the day at the provider and is picked up by transportation to go home at 4:00. In this example the hours worked would be 4.5 hours which is the time the individual was engaged in the particular job. Wage per hour should be calculated using the last 30 - 90 days.
Average hours worked per week	Average hours worked per week are ONLY the hours that an individual is actually working. Average hours worked should be calculated using the last 30 - 90 days. See example above.
primary disability (ID, DD)	The person's primary disability--While an individual can have more than one , please indicated either ID, DD, or Both
Funder Source (DARS, Waiver, Other)	The Funding source for the employment services done for this individual. The options are DARS VR funding, Waiver, or Other. The other category includes private pay, local (City or county) funding, grants, etc. DARS LTESS and EES data need not be reported in this survey, that will be gathered from DARS directly.
Community Service Board / CM agency	What community Service Board or other agency provides case management services to this individual. Please list the CSB or agency and location of the DD provider.